

ROLE OF AYURVEDA IN PEDIATRIC ASTHMA: A HOLISTIC TREATMENT PERSPECTIVE

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DOI: 10.63001/tbs.2025.v20.i03.S.I(3).pp2132-2137

KEYWORDS

Bronchial Asthma, Tamaka Shwasa, Virechana, Ayurveda, Childhood Asthama.

Received on:

14-10-2025

Accepted on:

07-11-2025

Published on:

18-12-2025

ABSTRACT

Bronchial asthma is a long-standing inflammatory disorder resulting from inflammation of the airway mucosa and spasms of the bronchial smooth muscles. It presents with frequent spells of wheezing, breathlessness, coughing, and quickened breathing. Bronchial asthma is one of the most chronic conditions that affect people of all ages and socioeconomic backgrounds. Unlike adults, in children, severity is associated with the duration of wheezing, lung functioning, and the risk of allergens, as children are more sensitive to allergens. As per Ayurveda, Shwasa Roga is mainly caused by the Vata and Kapha doshas. The clinical features of bronchial asthma closely resemble those described for Tamaka Shwasa. Among children, Tamaka Shwasa is one of the most commonly encountered types of Shwasa. Such a case of Tamaka Shwasa, i.e., childhood Asthama had approached our clinic and was managed by the Ayurvedic line of treatment with classical *Virechana* followed by *Shamanaushadi*, for which the patient got a satisfactory result.

INTRODUCTION:

Asthma is a major non-communicable chronic disease that affects both children and adults, and it stands out as the most prevalent chronic condition among children.¹ It is caused by the inflammation and narrowing of the small airways in the lungs, leading to characteristic symptoms such as cough, wheezing, shortness of breath, and chest tightness.² It has been estimated that the prevalence of Asthma in India is about 6-7.9% of children and 2.05% of adults.³ In people with hyper-reactive airways, asthma can be triggered by viral infections, intense exercise, abrupt weather shifts, allergens, emotional stress, and some endocrine changes.⁴ Ayurveda provides a comprehensive explanation of dyspnoea under the clinical entity known as *Shwasa*. *Tamaka Shwasa* a type of *Shwasa*, is considered a disorder of the *Pranavaha Srotas*. Ayurveda classifies it as a *Svatantra Vyādhi*, characterized by

independent causative factors, a unique pathophysiological mechanism, and specific therapeutic guidelines.⁵ According to Acharya Caraka, *Tamaka Shwasa* is characterized by excessive mucus secretion and rhinitis, which lead to obstruction of breathing and the production of wheezing sounds. In chronic diseases, there are severe attacks of dyspnoea endangering life.⁶ It tends to worsen in cloudy weather, during cold and rainy seasons, and upon contact with factors that increase mucus production. In *Ayurveda*, we have a lot of references in the management of *Tamaka Shwasa*, so in the present case, we applied the Ayurvedic treatment in the management of *Tamaka Shwasa*.

MATERIALS AND METHODS:

CASE STUDY:

A 12-year-old male child, studying in the 7th standard and belonging to an upper middle-class family, visited AkSHAY – Ayurvedic Woman & Child Health Care, Shivamogga, Karnataka, with a diagnosed case of bronchial asthma. The patient presented with a history of recurrent cold and cough accompanied by nasal congestion for the past 6 years. Gradually, these symptoms progressed to wheezing, breathing difficulty, and shortness of breath. The child had been advised to use inhalers since the age of 6 years.

Due to these symptoms, the child experienced frequent night awakenings and was unable to participate in sports or even walk short distances without discomfort. Despite undergoing various treatments under multiple systems of medicine, the symptoms persisted. Eventually, the child approached our clinic seeking Ayurvedic management for the condition, with the hope of discontinuing inhaler use and achieving lasting relief from the disease.

Past History:

- No history of major illness, hospitalization, or surgery in the past.
- No history of tuberculosis, jaundice, or other chronic systemic disease.

Family History:

- The patient's father experiences repeated episodes of upper respiratory infections.

Birth History:

- Full-term normal vaginal delivery. CIAB
- Birth weight: 2.7 kg
- No history of neonatal complications.

Developmental History:

- Achieved all developmental milestones appropriately for age.
- No delay in gross motor, fine motor, language, or social milestones.

Immunization History:

- Fully immunized as per the National Immunization Schedule.

Personal History:

- Diet: Mixed
- Appetite: Average
- Bowel Habits: Regular, once daily, Hard
- Urine: 5-6 times
- Sleep: Disturbed

GENERAL EXAMINATION:

The patient appeared lean, alert, and active, exhibiting high-pitched wheezing on respiration. Examination revealed no pallor, icterus, cyanosis, or clubbing, and there was no lymphadenopathy or edema.

VITALS SIGNS:

Temperature: Afebrile (98.4F) Heart
Rate – 98 bpm Respiratory Rate – 28
rpm

ANTHROPOMETRY

WEIGHT – 28.3 kg HEIGHT -
135 cm

SYSTEMIC EXAMINATION:

CVS: S1S2 Present, No Murmur

CNS: Normal

GIT: Soft, No Tenderness, no organomegaly seen.

RS Examination: Inspection:

- Nasal passages swollen
- No scar on the chest wall and no dilated veins.
- Suprasternal and subcostal recession.
- Chest movement symmetrically with respiration
- Chest expansion was symmetrical bilaterally.

Palpation:

- Trachea centrally located

Percussion:

- Resonance bilaterally

Auscultation:

- Normal air entry bilaterally
- Vesicular breath sound with prolonged expiratory
- Ronchi presents bilaterally.

DIAGNOSIS: TAMAHA SHWASA (Bronchial Asthma)

Therapeutic Intervention:

DAY	TREATMENT	REMARKS
Day 1 Day 2 Day 3	<ul style="list-style-type: none"> ● Deepana-Pachana: Chitrakadivati-1 tab twice for 3 days daily before food with warm water 	
	SNEHAPANA WITH DADIMADI GHRITHA IN AAROHANA KRAMA	
Day 4	30ml	No any fresh complaint
Day 5	50ml	Mild headache, Nausea
Day 6	80ml	Mild headache, Weakness
Day 7	110ml	<i>samyak snigdha lakshana</i>
Day 8 Day 9 Day 10	<ul style="list-style-type: none"> • Sarvanga Abhyanga with Brihat Saindhava Taila • Bhaspa sweda 	No any fresh complaint
Day 11	<ul style="list-style-type: none"> • Sarvanga Abhyanga with Brihat Saindhava Taila • Bhaspa sweda • VIRECHANA WITH TRIVIT LEHYA 25 gm (AVP) Drakshasiddha jala) 	11 vegas Vitals Normal
Day 12 - 16	Samsarjana Krama (Yavagu, Peya, Akrit Mudga Yusha)	No any fresh complaints
	Agasthya Haritaki with milk (½--- 0--- ½ tsf) for two months	

Assessment: Before vs After Treatment

Complaint	Before Shobhana Treatment	After Shodhana Treatment
Ghurghuraka (Wheezing)	+++	+
Muhumuhushwasa	++	-
Pinasa	- -	-
Shwasa Kruchrata (Dyspnoea)	++ +	-
Vishushka Asya	++	-
Anidrata (Sleeplessness)	++	-
Nasal Congestion	++ +	+
Usage of Inhaler	++	-

DISCUSSION:

According to **Acharya Charaka**, *Tamaketu Virechanam* has been described as one of the principal lines of treatment in the management of **Tamaka Shwasa**. The origin of *Shwasa Roga* is said to be “**Pitta-sthana-samudbhava**”, and **Pitta Sthana** has been explained by **Chakrapani** as *Adho Amashaya*, located between the *Hridaya* and *Nabhi*, where **Pitta** predominates. Therefore, the fundamental pathology of *Shwasa Roga* is believed to take place in this region. Considering this, **Virechana** therapy is adopted to address the disease at its root by eliminating morbid **Doshas** from their principal site.

For better clinical management, the patient's **Bala** (strength), **Prakruti** (constitution), **Agni** (digestive power), and **Koshta** (nature of the alimentary canal) are carefully assessed, and the treatment protocol is planned accordingly. Keeping in mind that **Virechana** is the principal therapy for **Tamaka Shwasa**, a classical **Virechana** regimen was selected.

Probable Mode of Action of the Drugs

Effective treatment is possible only through systematic and well-structured planning. Hence, classical **Virechana** was systematically administered. The line of treatment began with *Deepana-Pachana* using *Chitrakadi Vati*, which improves digestive fire (**Agni**) and facilitates the digestion of *Ama*, thus preparing the body for oleation. Following this, *Snehapana* with *Dadimadi Ghrita* was administered in increasing doses until signs of proper oleation (*samyak snigdha lakshana*) appeared. **Dadimadi Ghrita** is a classical Ayurvedic medicated ghee preparation primarily indicated for disorders of **Agni (digestive strength)**, **Vata-Pitta imbalance**, **anemia**, **debility**, and **respiratory ailments**. Its use in *Tamaka Shwasa* (Ayurvedic equivalent of bronchial asthma) in children is considered beneficial due to its multifaceted actions.

Children with **Tamaka Shwasa** often exhibit impaired **Agni** and accumulation of *Ama* (metabolic toxins), which aggravates **Kapha** and obstructs normal respiration. **Dadimadi Ghrita stimulates Agni**, helps digest *Ama*, and reduces the formation of **Phlegm (Kapha)**, thereby easing breathing. Recurrent episodes of asthma weaken a child's overall strength. *Dadimadi Ghrita*, being rich in **Pomegranate juice and medicated ghee**, helps: Improve nutritional status, Enhance immunity, Build respiratory strength, Reduce fatigue and weakness after asthmatic attacks. The combination of *Dadima (pomegranate)* and *Ghee* pacifies **Vata and Kapha**, the two primary **Doshas** involved in *Tamaka Shwasa*. **Kapha-Shamana** reduces mucus congestion, **Vata-Shamana** relieves bronchial spasms and breathlessness. *Dadimadi Ghrita* reduces *Sroto-avarodha* (blockage of lung channels), helping improve airflow and reduce dyspnea. Pomegranate contains natural antioxidants and anti-inflammatory compounds. These help: Reduce airway inflammation, Improve lung function, Minimize oxidative stress associated with chronic asthma

Brihat Saindhava Taila is a polyherbo-mineral formulation endowed with **Vata-kaphahara**, **Shrotovishodhana**, **Shothahara**, and **Amasodhana** properties. In view of these therapeutic attributes, it was employed in this case for administering **Abhyanga** during the **Vishrama Kāla**.

Trivrut Leha: It was used for **Virechana** as it contains **Trivrut**, which is **Sukha Virechaka**, so commonly used in children for **Virechana karma**.

Agastya Haritaki is a classical Ayurvedic formulation traditionally indicated for respiratory disorders, particularly *Tamaka Shwasa*. In Pediatric cases, it is described in Ayurvedic literature as supporting bronchial function, alleviating *Kapha-Vata* imbalance, and promoting ease of breathing. Its use is referenced for reducing cough, dyspnea, and recurrent respiratory congestion through its expectorant, bronchodilatory, and *Rasayana* properties.

Result and Conclusion:

The combined approach of *Shodhana* and *Shamana* therapy in this case not only reduced the Recurrent Respiratory problem but also improved the patient's psychological well-being. No adverse effects or recurrence were observed, indicating that Ayurvedic management can offer a safe and holistic alternative in Pediatric vitiligo cases. This case highlights the effectiveness of a holistic Ayurvedic approach in managing *Tamaka Shwasa*.

Conflicts of Interest: There are no conflicts of interest.

Patient perspective: The patient is satisfied with the treatment and happy with the quality of life

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